				1
PLACE OF BIRTH	ARIZONA STATE BOARD OF HEALTH			
1. County of Sula	•		178	45
District of	BUREAU OF VITAL STATISTICS		State Index No. 7	
Town of Control	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. //	
or	files	ion Can	Local Registrar No.	
City of	No. (II birth occ	erred in a hospital or instituti	on, give its NAME instead of street a	nd number)
2. Full name of child have	seo es		{ If child is not yet na supplemental report,	med, make
3. Sex of Child To be answered ONLY	4. Twin, triplet or other	6. Legitimate?	7. Date 1/00-17-	1950
I file in event of plural	5. No., in order of birth.	ejes	of birth Month Day	Year
L W bittis.	5. No., III order of butto	14.	MOTHER	
8. FATHER Full name Aut aleau -	Csouzale	Full maiden name	artina deh	oa)
9. Residence (Usual place of abode)	fool freis	15 Residence (Usual place of abode) If non-resident, give	Playfool W	4
If non-resident, give place and state.	1	16 Color or race		
10. Color or race	أبرم		<i>)</i> ,	1
Mexican 11. Age at last b	irthday (Years)	Mexican	17. Age at last birthday	(Yea.
12. Birthplace (city or place)	ex co	18. Birthplace (city or	place) Mexico	
(State or country)		(State or country)		
13. Occupation		19. Occupation	4.4	
Nature of industry abover	J	Nature of industry	Housewife	<u>ر</u>
20. Number of children of this mother	Noon alive and now liv	ind 21. Wes	e precautions taken against oph	•
(Taken as of time of birth of child herein	a) Born alive and now liv b) Born alive but now de	nd None tha	lmia neonatorum?	
certified and including this child.)	c) Stillborn	870	/ INDEX	
		G PHYSICIAN OR MIDW	at 10 . m. on the date a	bove_stated
I hereby certify that I attended the birth of t	nie cuiig, who was	(Born alive omatilities)	0 1 1.7	1/20
* When there was no attending physician or midwife, then the father, householder,	Signature		(Physician or midwife	7
etc., should make this return. A sumburn	Address			in
shows other evidence of life after birth.		0 3/06	789	
Given name added from	Filed	dec 31, 1, 24	Local Division	Registrar.
a supplemental report Month, day, year	/	-11	134 Bias	
Registrar	Filed		County	Registrar.
